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# Commission on Improving the Status of Children in Indiana

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## Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, June 17, 2020

Zoom Meeting

- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Senator Jean Breaux
- Jay Chaudhary, Director, Division of Mental Health and Addiction
- Bernice Corley, Executive Director, Public Defender Council
- Representative Dale DeVon
- Justin Forkner, Chief Administrative Officer, Indiana Office of Judicial Administration
- John Hammond IV, Office of the Governor
- Curtis T. Hill, Indiana Attorney General (non-voting member)
- Senator Erin Houchin
- Zac Jackson, Director, State Budget Agency
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Chris Naylor, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Terry Stigdon, Director, Indiana Department of Child Services
- Dr. Jennifer Sullivan, M.D., Secretary, Indiana Family and Social Services Administration
- Representative Vanessa Summers

### Guest and Staff

- Angela Sutton, DOC (Standing in for Chris Blessinger)
- Corinne Gilchrist, OAG (Standing in for the Attorney General's Office)
- Calvin Roberson, Indiana Minority Health Coalition

- ☒ Tarrell Barry, Indiana Department of Education
- ☒ Jessica Tomasino, Indiana Department of Education
- ☒ Julie Whitman, Executive Director of CISC
- ☒ Barbara Hinojosa, Administrative Assistant to Julie Whitman

1. Welcome and Introductions

Representative Dale DeVon called the meeting to order at 10:00 and welcomed all participants and guests.

2. Consent Agenda

**Action:** Chief Justice Rush moved approval of the consent agenda, which consisted of the February and April minutes, and the motion passed 11-0.

3. Equity, Inclusion, and Cultural Competence

**Presentation:** Calvin Roberson of the Indiana Minority Health Coalition, with Tarrell Barry and Jessica Tomasino of the Indiana Department of Education, presented the [draft Equity Guide for Decision-Makers](#). Mr. Robeson presented the guide itself, and Ms. Tomasino and Mr. Barry presented an example of applying the guide to an educational policy, illustrating how the policy would look different after taking the equity questions into consideration.

**Discussion:** Rep. Devon asked about the collection and storage of education data. Jessica said that data is collected and stored at the local level, and the Department of Education offers support and guidance. Rep. DeVon asked about whether there was public access to data, especially as legislators need data to inform their policy making. Jessica said that she would find the answer to that question.

Chief Justice Rush mentioned that the court system had been collecting disproportionate minority contact data for the juvenile justice system for a number of years, and the disparities are stark. She said she liked the equity considerations and asked that Susan Lightfoot share the document with the Probation Officers Professional Association of Indiana (POPAI) for use in the juvenile justice system. Tashi Teuschler mentioned that the JDAI initiative would also be sharing the tool with all JDAI sites, including the probation officers in those communities.

Julie Whitman mentioned in response to Rep. DeVon's question about data for policy making that any data that is collected at the state level can be made available to policy makers through the Commission's Data Sharing Committee. Dr. McCormick stated that it would also be helpful if legislators added some teeth to the expectation that schools submit their data to the state. She noted that many students are very mobile, and some schools are not submitting data to the state that they are expected to, which makes it more difficult to support those students as they move from school to school.

Julie stated that the Equity, Inclusion, and Cultural Competence Committee was submitting the tool to the Commission as a draft today, and any feedback, comments or questions from Commission members could be sent to Julie, who would forward them on to the Commission. She said that the Committee hoped to submit the document for final approval at the August meeting.

4. Commission Members Report on Ongoing COVID Response and Re-opening Strategies

All members of the Commission present on the meeting, and the representatives of certain Commission agencies, gave a report on their agencies' ongoing services to children and families as impacted by COVID-19. Below is a summary of their comments.

**Dr. Box** – OB Navigator is up and running. We have rolled out to all 10 counties out of the 20 that we planned to be rolled out to this point in time. We will roll out to the additional 10 by the end of the year and we may even add two. Our children’s special health care services program was moved to remote and have successfully continued to process all applications, reevaluations, and prior authorizations and claims while working remotely. The children’s division is also collaborating with our other ISDH division to develop a comprehensive grant application to provide to the CDC to prevent adverse childhood experiences and gather that data. That would be a grant of \$500,000 a year for four years to create a surveillance program for ACES, and so in working with FSSA that would help us if they did start reimbursing for ACES evaluation. WIC has continued to provide services. There were 7 federal waivers that came out almost immediately for WIC. All of the WIC agencies have been working remotely. Indiana has seen a significant decline in our immunizations and the CDC has even put out a MMWR article on this. We’ve seen a substantial decrease in the non-influenza vaccine doses that have been administered based on our CHIRP immunization registries of children birth through eighteen. We’ve asked them to prioritize it with regards to scheduling visits and making sure they schedule sick separate from well. We will be prepared to do mass immunizations for that and COVID-19 immunizations if we receive it, which we’re still not sure. With regards to kids, they probably won’t be first receivers of this vaccine just because they’re not in the highest risk group.

**Dr. Sullivan** – Responsible for social services and vulnerable populations. Will briefly summarize work in each bucket:

1. Health care delivery – we suspended all redeterminations for anyone on Medicaid services that includes CHIP (children’s health insurance program), so no one on a state program has lost coverage during this pandemic. Waived all co-pays for CHIP, HIP, or any other program, as well as fees for testing and treatment for COVID. Medicaid waivers authorizing telehealth both for medical care and mental health, which increased the uptake of mental health services. Plan on continuing that service post-pandemic. Appendix K allowed us to provide remote services for people with disabilities, including First Steps for young children. Families are now more involved in the services.
2. Child Care –Made child care an essential service, never closed it. Sent very detailed health guidance to child care providers to keep kids and caregivers safe, updated every two weeks including calls and webinars to answer caregivers’ questions. Provided help with sourcing PPE, cleaning equipment, and food. Received \$78 million in CARES Act funding for child care, used that to provide payments every two weeks to ensure child cares could stay open, keep them all fiscally solvent so even if they needed to close temporarily due to age of provider or health concerns, they could continue to pay staff, rent, and be ready to immediately start again. Track which are open and closed and update Child Care Finder on a weekly basis for families to locate open child cares in their area.
3. For individuals experiencing homelessness and their families who became COVID positive, set up regional safe recovery sites based in hotels. Now phasing out hotels and working on more permanent solutions.
4. Individuals with mental health conditions or substance use disorder – incredible policy changes. Many that will become permanent to make sure we are protecting kids and families with existing mental health/SUD issues and to deal with the stress brought on by the pandemic. Look at [bewellindiana.org](http://bewellindiana.org). Also bringing 211 into partnership and integration with FSSA. Allows us to do referrals for multiple services, including mental health and substance use treatment.
5. Individuals with disabilities and aging – big 1115 waiver working with those groups and our appendix K to cover services. Holding weekly calls and webinars with stakeholder groups.
6. Operation Food – huge network. With SNAP, TEFAP, and WIC but also with food banks and food pantries and the National Guard bringing food resources together for the state. Specific to children: SNAP applications up about 300% at the beginning of the pandemic, has leveled off recently. Added SNAP delivery, which will be a permanent change. Launched pandemic EBT for children that qualify for free and reduced lunch, provided \$300+ dollars per child per month in SNAP to replace school lunch benefit.
7. Worked with Homeland security, National Guard, ISDH – building out a surge partnership.

**Jay Chaudry** - Teens and tweens are really adjusting well to receiving services via telehealth. Our providers have reported higher numbers of attendance and engagements and lower no show rates. Suicide dashboard we've been building in cooperation with MPH went live last week. Senate enrolled act 246 required school districts to enter into MOU's with mental health care providers. The MOU required by the legislation is to be an established formal relationship in a school district and mental health care provider in order to facilitate referrals.

**Terry Stigdon** – DCS. Our investigations and allegations of abuse for May 2020 is almost 7300 compared to May of 2019 there were about 12000. The screen-in rate is about the same. With parenting time at least one of those times of parents with their children need to occur face to face. We're providing PPE for the parties involved if they don't have it. We also encourage the foster parents to provide additional virtual connections for the kids and their parents. We continue to review and train parents to be foster parents and provide the licensing process so children have homes to go into in the case they need to be removed from their home. For reunifications – we closed almost 1300 cases in May and 100 of those were adoptions the rest were reunifications. Family First Preservation and Services Act helps provide services in the home when we have an IA (informal adjustment) or an in-home CHINS for children and families to keep the children safe at home. There has been an executive order signed by the governor suspending aging out through the pandemic. Community partners offer assistance to families to help prevent them from having to enter into the system. It is offered statewide.

**Dr. McCormick** – We have applied for every federal waiver that has been put out and we have been approved. A lot of those waivers are getting extensions until the end of August. As of July 1 our districts will open as far as with athletes, with co-curricular, with extra-curricular, which means band, choir, clubs, athletics. The schools are stating that they want to open. We're struggling with a few areas. One is staffing. We've had a lot of retirements. One area we're very worried about is our special ed. We've had a lot of resignations and retirements. We are looking at 180 openings. We will be lucky to find 5. The other issue is we've been surveying our families and there are areas in the state that still don't think this is real and there are areas that don't want to open for 3 years. Daycare continues to be a real struggle for our families. We have really ramped up our online resources and our online training. We are still continuing to feed kids breakfast and lunch. Some schools are on a 5-meal plan – breakfast, snack, lunch, snack, dinner. We are looking at systemic racism.

**Angela Sutton** – All the DYS facilities are COVID-free. That's staff and youth. We have no youth in isolation. If the youth shows symptoms, we do contact the guardian of that youth and medical will contact them to answer any questions the parents may have. We are using a phased approach. We have 5 phases regarding normalizing populations within DOC and DYS. It affects educational programming, mental health groups, resuming normal dining operations, recreation, med pass, visitation and volunteers. The youth stay within the same groups so we aren't mixing kids. We were able to continue all services minus visitors and volunteers. We will continue to require staff to wear masks. And strongly encourage youth to wear masks.

**Corinne Gilchrist (for Attorney General's Office)** – Unclaimed property division. They have been working at 100% capacity during the covid-19 shutdown and we have returned over 26 million dollars this year in 2020 to Hoosiers in unclaimed property and in total just since March 1<sup>st</sup> we turned over 16 million dollars in unclaimed property. We have about 500,000,000 dollars there waiting to be claimed by Indiana residents. People can search their name on [indianaunclaimed.gov](http://indianaunclaimed.gov) to see if they have any unclaimed property and how to get that process started. We have been working on consumer complaints that have come into the consumer protection division. The number one type of pandemic complaint we've been receiving is 136 complaints relating to price gouging. We've been focusing on reviewing those complaints. Are encouraging anyone facing a foreclosure or eviction process to contact our office. We are working to help those families with resources and to see if there can be a resolution and to make sure there are no violations to the governor's orders regarding evictions.

**Justin Forkner** – We are for the court staff and administrative agency gradually phasing back our employees. The court directed each of the county, city and town courts to come up with a collaborative, public health driven reopening transition plans and submit those to the Supreme Court for approval. They aim at everything from

employee safety, public access to the court house, how to prioritize non-emergency proceedings, and how to process cases. The biggest challenge is how to reopen jury trials—how to get jurors in, convince them it is safe, and how to safely social distance as you go through the trial process. Have put out subject matter-specific guidance for family courts, remote proceedings. That has gone well; it is here to stay to some extent. We have launched a public platform for courts to tie in to, they don't have to but there's a constitutional requirement that the public have access to certain cases and if you can't get into the court room then the requirement is that the proceeding be broadcast publicly somehow. Public.courts.in.gov. Developing specific guidance on evictions as moratoriums lift, helping courts prioritize, know the resources available for renters and landlords. Appreciate the equity guidelines document, will send it to the evictions work group. On the race equity issues, Chief Justice released a statement, disparate impact on children. We will be doing more on that.

**Chris Naylor** – Big part of what we do is train Indiana's 700 or so prosecutors and deputy prosecutors. We've been able to pivot to a webinar format. We will be offering close to 25 webinars this year. There is a concern about an increase in online child sex abuse particularly in April and May when families were hunkered down. We'd be interested in seeing when child victims are witnesses in a court proceeding, we would recommend their image not be shown. That only audio be shown to protect the confidentiality of the child victims.

**Susan Lightfoot** – Probation. Locally we started back full staff on May the 4<sup>th</sup> and started seeing clients face to face the first of June. We've found clients may be more open and honest with us if it's an email, phone call. We're going to try to work with them as they get back into their programming and ability to meet with their counselors. COVID has helped us appreciate what we have, build relationships with our clients. Probation officers across the state are sharing innovative practices. Referrals have been down during COVID, but now picking back up. We are doing virtual court hearings and using telephonic methods to have youth that are in placement or even at home participate safely.

5. Executive Director Updates

**Julie Whitman** – Completed a summary of 52 bills that passed this legislative session that will impact kids and families. It is available on the Children's Commissions website homepage.

6. Next Meeting

The next meeting will be August 19, to be determined whether it will be in person or virtual.

7. Adjournment

The meeting was adjourned at 12:04 p.m.